

<b>TELEWORK REQUEST AND APPROVAL AGREEMENT</b>		
The following constitutes the terms and conditions of the telework agreement between the supervisor and employee.		
1. EMPLOYEE	2. SECTION	3. GRADE AND JOB SERIES
4. JOB TITLE	5. PHONE NUMBER	6. LAST EVAL DATE & RATING LEVEL
7. DESCRIPTION OF WORK TO BE PERFORMED:		
9. BENEFITS FOR EMPLOYEE AND THE EMPLOYEE (CHECK ALL THAT APPLY):		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Improved Productivity  <input type="checkbox"/> Workspace Availability  <input type="checkbox"/> Environmental Concerns </div> <div> <input type="checkbox"/> Reduced Commuting Cost  <input type="checkbox"/> Incentive to remain with OSAA  <input type="checkbox"/> Other (Specify below) </div> <div> <input type="checkbox"/> Improved Morale  <input type="checkbox"/> Reduced Parking            Number of Miles saved per day ____ </div> </div>		
9a. Specify Other Benefits:		
10. SCHEDULE		
a. Select Schedule Type: <input type="checkbox"/> Fixed Schedule <input type="checkbox"/> Intermediate Schedule c. Day(s) of the week employee request telework: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.		b. Number of Days per Week Telework is Recommended: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
d. TELEWORK DUTY (e.g., 0800 – 1700, including one-half hour lunch period.) From: _____ To: _____		e. Alternate Work Site Address:
11. EQUIPMENT AND SOFTWARE REQUIRED:		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Laptop  <input type="checkbox"/> Keyboard  <input type="checkbox"/> Mouse </div> <div> <input type="checkbox"/> Phone forwarding capability  <input type="checkbox"/> Special software _____  <input type="checkbox"/> Special software _____ </div> <div> <input type="checkbox"/> Other (Specify below) _____ </div> </div>		
11a. Specify Other Requirements:		
14. SIGNATURES AND RECOMMENDATION		
a. Employee's Signature		b. Date
c. Supervisor's Recommendation <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		d. Number of Days per Week Telework is Recommended: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
e. Day(s) of the week employee approved to telework: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.		f. TELEWORK DUTY (Time) From: _____ To: _____
g. Supervisor's Signature		h. Date
i. Division Chief's Signature		j. Date
k. IMO Coordination: <input type="checkbox"/> Supportable <input type="checkbox"/> Not Supportable <input type="checkbox"/> N/A		
15. FINAL APPROVAL (Director)		
a. <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (Explain below)		Number of Days per Week Telework is Approved <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
b. Approving Official Signature		c. Date
d. Reasons For Disapproval:		
<div style="text-align: center;"><b>Privacy Act Statement</b></div> <div style="display: flex;"> <div style="flex: 1;"> <p><b>AUTHORITY:</b></p> <p><b>PRINCIPAL PURPOSE (S):</b></p> <p><b>DISCLOSURE:</b></p> </div> <div style="flex: 2;"> <p>Public Law 106-346, Transportation Appropriations Act, 2001 (Telecommuting). Information is collected to register individuals as participants in the OSAA telecommute program. The Information Management Office (IMO) may use the records for determining software needs, for ensuring appropriate system safeguards are in place, and for managing technological risks and vulnerabilities.</p> <p>Disclosure is voluntary. However, failure to provide the requested information may result in our inability to include you as a participant in the telecommute program.</p> </div> </div>		

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